

STATE OF NEW HAMPSHIRE
OFFICE OF THE ADJUTANT GENERAL
STATE MILITARY RESERVATION
CONCORD, NEW HAMPSHIRE 03301-5353

NHAG-SP

1 June 1992

NEW HAMPSHIRE NATIONAL GUARD
TECHNICIAN PERSONNEL REGULATION
NUMBER 810-1

**LIMITED/LIGHT DUTY AND DISABILITY COMPENSATION/LIGHT DUTY
ASSIGNMENT FOR ON-THE-JOB INJURED TECHNICIANS**

1. LIMITED/LIGHT DUTY FOR ON-THE-JOB INJURED TECHNICIANS: As a minimum, the following procedures must be used when a technician sustains an on-the-job traumatic disabling injury and elects to use Continuation of Pay (COP).

a. When the technician receives an on-the-job injury, the technician must immediately give notice of the injury to his/her supervisor. CA Form 1 (Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) is used for this purpose. The notice of injury may be given by someone else if the injured technician is unable to do so.

b. The supervisor will immediately authorize medical treatment using CA Form 16 (Authorization for Examination and/or Treatment) and advise the technician of his/her right to use COP, sick leave, annual leave or leave without pay (LWOP). For the initial medical evaluation, the technician should be encouraged to use the services of the nearest U.S. medical office or hospital. If none is available, any duly qualified physician or hospital will be used. **NOTE:** No leave is charged for the first day of injury if the technician is required to remain off the job.

c. If a supervisor challenges or refutes a technician's claim of on-the-job injury, the supervisor must attach a narrative statement to the CA Form 1 explaining why he believes the claim should be denied. Even though a supervisor may challenge or refute a claim for compensation, the supervisor cannot terminate the use of COP unless it fits one of the criteria listed in item 6 of the CA Form 1, the technician returns to limited/light duty, or is found to be medically qualified to perform the full range of his/her duties.

d. If the treating physician determines that, based on the nature of the injury, the technician will not be able to return to work, the supervisor will, prior to the end of the third full day of COP, immediately (personally) furnish a CA Form 17 (Duty Status Report) and a copy of the technician's position description and performance standards to the treating physician. If the on-the-job injury results in immediate surgery, the CA Form 17, position description, and performance standards will be personally hand carried to the physician by the injured technician's first line supervisor after the fifth full day of COP. The CA Form 17 is used to obtain interim medical reports

concerning the technician's medical condition and the earliest date the individual will be able to return to work.

e. If the treating physician indicates that the technician is physically able to return to work, the supervisor will notify the individual that he must report for duty at the next scheduled workday. The technician is to be advised that refusing to do so will result in an overpayment and may lead to disciplinary or adverse action under the provisions of TPR 752. (Technicians refusing to return to duty, although found fit to do so by the attending physician, will be carried in an absent without leave (AWOL) status, but authorization to do so must be received from SPMO first).

f. If the treating physician determines that the technician can perform limited/light duty work, the supervisor will notify the technician that he/she must return to work at the next scheduled workday. Care must be taken to ensure that the duties being performed are in accordance with the restrictions imposed by the physician. Supervisors must contact the SPMO for guidance before returning a technician to limited/light duty.

g. Supervisors must notify the SPMO whenever an injured technician performs military duty (service schools, unit training assemblies, annual training etc.) while the individual is on COP or compensation. The SPMO is responsible for providing the Office of Workers' Compensation (OWCP) written notification to this effect. OWCP will in most cases offset OWCP benefits received by the amount of military compensation earned. Injured technicians may attend weekend unit training assemblies to earn retirement points (without pay) and may only perform such duties as those prescribed by the attending physician.

h. Supervisors must also inform technicians receiving OWCP compensation that if they attend military training and ultimately receive a recurring injury, OWCP may no longer provide medical care or compensation, although they may obtain further medical care through the National Guard (after initiation of a Line of Duty investigation).

i. If an injured technician remains off duty or in limited/ light duty status for less than 120 days, it is not necessary for the supervisor to initiate any personnel action. However, should an injured technician remain in a limited/light duty status for 120 days or more, the supervisor must contact the SPMO and request that the position description and performance standard be amended (Statement of Difference) to indicate the limitations. For instance, if a WG-10 aircraft mechanic is injured and is placed in a limited/light duty status as a GS-05 clerk, the technician's position description must be so altered for the period of time the technician is in a limited/light duty status.

2. DISABILITY COMPENSATION/LIGHT DUTY ASSIGNMENT: When a technician loses wages due to an on-the-job injury or illness, he/she is entitled to compensation. Compensation is payable at the rate of 66-2/3 percent when there are no dependents and 75 percent of salary loss if there are dependents. These benefits are paid until the technician is determined to be no longer disabled by the OWCP or until death. In order to reduce the charge back cost of compensation claims, the following procedures must be used when a technician files a claim for "OWCP Compensation."

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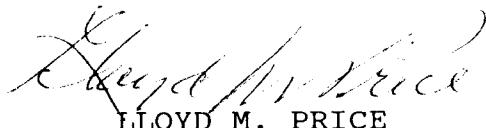
a. When medical evidence shows that an injured technician's disability will continue beyond the 45 days of COP and the technician files for compensation (a claim for compensation must be filed within three (3) years of the injury) the supervisor must personally deliver a CA Form 17 to the treating physician to obtain a medical evaluation concerning whether the technician is totally disabled or is medically capable of performing limited/light duties. The supervisor will continue to monitor and provide the physician with a CA Form 17 every two weeks for the duration of the disability.

b. If the physician determines that the technician can perform limited/light duty, the supervisor will immediately contact the SPMO to determine the availability of a position within the commuting area. (The position can either be at the same or lower grade). If such a position is available, the SPMO will notify the technician and OWCP in writing of the availability of the position and make a job offer to the technician. If the job offer is considered to be suitable by OWCP and the technician refuses the offer, the SPMO will notify OWCP. OWCP will determine whether the refusal is a basis for termination of compensation benefits.

c. If a funded position is not available in the commuting area, the supervisor, in cooperation with the SPMO and the servicing classification activity, will modify the existing position description to reflect the restrictions imposed by the injury if management determines that restructuring the position description will not adversely impact on mission accomplishment. The supervisor, through the SPMO, should notify the technician of the availability of the modified position and at the same time notify OWCP. Final determination concerning the suitability of the job offer is the responsibility of OWCP.

d. If the technician accepts the position, the SPMO will notify OWCP at the earliest possible time of the date the technician returned to duty. Compensation benefits will be terminated or adjusted as of the date of return to duty (RTD). To avoid overpayment of compensation, the SPMO should notify OWCP by telephone no later than close of business on the first day of RTD. The telephone notification must be followed up with a CA Form 3 (Report of Termination of Disability and/or Payment).

e. In all cases regarding a job offer, OWCP must be notified. Upon receipt of the job offer, OWCP will promptly evaluate the position to determine whether it is within the medical restrictions imposed by the technician's physician. If determined to be a suitable offer, OWCP will notify the technician and the SPMO in writing that the offer is found to be within the medical restrictions imposed and that the technician is expected to accept the position. Failure to accept the position may result in termination of compensation.



LLOYD M. PRICE
MG, AG, NHNG
The Adjutant General

- 3 Encls
1. Supervisor Letter
2. Light Duty Consideration
3. Medical Documentation Form

MEMORANDUM FOR Supervisor

SUBJECT: Limited/Light Duty

1. Enclosed is a copy of Position Description and
Form CA-17, "Duty Status Report".
2. It is your responsibility to take the attached enclosures to the attending physician immediately following three (3) full days of Continuation of Pay (COP). You should contact our office at (603) 225-1331 for further guidance in returning this technician to limited/light duty. The CA-17 must have the attending physician's prognosis indicating a date for further medical review and/or a date to return to full, limited or light duty. The CA-17 is used to obtain an interim medical report concerning the technician's medical condition and the earliest date that he/she will be able to return to either full or modified duty.
3. If the technician has already undergone surgery, the Position Description and the CA-17 will be hand carried to the attending physician no later than five (5) working days following surgery. In no case is mail an acceptable form of delivery to the doctor except when authorized by SPMO. The supervisor must ensure that the technician understands any light duty restriction imposed by the physician.
4. If the treating physician indicates the technician is physically able to return to work of any kind, you will notify the technician that he/she must return to duty the first workday following the physician's determination. Care must be taken to ensure that the duties being performed are in accordance with the restrictions imposed by the physician.
5. After being ordered to return to work by the supervisor, the technician will be informed that refusal to return to duty (RTD) will mean that he/she will be carried in an Absent Without Leave (AWOL) status. Approval to place a technician in an AWOL status under these circumstances must be obtained from SPMO. The technician must be advised that refusal to return to work when ordered to do so will result in an overpayment and may lead to disciplinary or adverse action under the provisions of TPR 752.
6. Any questions concerning this matter should be addressed to Larry E. Colby, DSN 684-9331, COMM (603) 225-1331.

FOR THE ADJUTANT GENERAL:

LARRY E. COLBY
CW3, NHARNG
Employee Relations Specialist

LIGHT DUTY CONSIDERATION

I. 1st week of Continuation of Pay (COP) authorization.

II. Supervisor:

a. Coordinates with SPMO (OWCP Specialist):

b. Visits Physician:

1. Copy of Position Description; and,

2. CA-17, Duty Status Report.

III. If individual is not "totally disabled":

a. Return to work within physician written guidance of limited/light duty requirements, etc,;

1. Offer can be made telephonically; but,

2. Must be confirmed in writing (example enclosed).

b. If personnel action is involved, the employee must be furnished with a copy prior to the effective date; and,

c. Copies furnished Department of Labor, with CA-3, Return to Work Form.

d. If employee refuses light duty offer - OWCP should be notified immediately, and will issue a "Formal Decision" concerning this.

e. Remember.

1. Offer in writing;

2. OWCP notified; and,

3. OWCP will notify agency of suitability/unsuitability of offer.

IV. COMMUNICATION is the "Key".....

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00 DATE 1992

EMPLOYEE NAME: _____ DATE OF INJURY: ____/____/____

Medical documentation from your physician indicates that you have been released for light duty work. This agency is, therefore, offering you the following assignment effective ____/____/____.

LOCATION: _____

WORK SCHEDULE: HOURS/DAYS/WEEK: _____

DUTIES: _____

PHYSICAL REQUIREMENT:

ACTIVITY/EXPOSURE	CONTINUOUS	INTERMITTENT	HOURS PER DAY
a. Sitting/Carrying: Sedentary 0-10 lbs.			
b. Lifting/Carrying: Light 10-20 lbs.			
c. Lifting/Carrying: Moderate 20-50 lbs.			
d. Lifting/Carrying: Heavy 50-100 lbs.			
e. Sitting			
f. Standing			
g. Walking			
h. Climbing Stairs			
i. Climbing Ladders			
j. Kneeling			

ACTIVITY/EXPOSURE	CONTINUOUS	INTERMITTENT	HOURS PER DAY
k. Bending			
l. Stooping			
m. Twisting			
n. Pulling/Pushing			
o. Simple Grasping			
p. Fine Manipulation			
q. Reaching above Shoulder			
r. Heat Degrees F			
s. Cold Degrees F			
t. Excess Humidity			
u. Chemicals & Solvents (Identify)			
v. Fumes (Identify)			
w. Dust (Identify)			
x. Noise (Give dBA)			
y. Other (Describe)			

Does the Job Require Driving a Vehicle?

___ Yes (Specify)

___ No

Does the Job Require Operating Machinery?

___ Yes (Specify)

___ No

SUPERVISOR'S SIGNATURE/DATE